

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 5AB129

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
7						
8	1					
9						
10						
11						
12						
13						
14						
15						
16						
17	1					
18						
19						
20						
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22						
23						
24						
25						
26						
27						
28	1					
29						
30						
31						
32						
33						
34						
35						
36						
37	1					
38						
39						
40						
41						
42						
43						
44						
45	1					
46						
47						
48	1					
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56	1					
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95						
96						
97						
98						
99						
100						
TOTAL IND.	9					
TOTAL DEP.	52					
TOTAL CLAIMS	61					